

L66000003354

Foley + Gardner
Requester's Name

1999 Broadway Ste 2560
Address

Denver CO 80202
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
300003180533--3
-03/22/00--01093--012
****401.25 ****125.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
GAINESVILLE PAIN AND REHABILITATION CENTER, LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: **GAINESVILLE PAIN AND REHABILITATION CENTER, LLC**


**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 710 Miami Springs Drive, Longwood, Florida 32779.

**ARTICLE III
REGISTERED AGENT**

The name and Florida street address of the registered agent are: James McMichael, 710 Miami Springs Drive, Longwood, Florida 32779.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


James McMichael
Agent and Authorized Signatory


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ARTICLE IV
MANAGEMENT (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of a member or an authorized
representative of a member

(In accordance with section 608.408(3), Florida Statutes,
the execution of this document constitutes an affirmation
under the penalties of perjury that the facts stated herein
are true.)

James McMichael

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